

Key Points of Information for Patients About HIV Testing

Prior to asking for consent to perform the HIV test, the following key may be delivered orally, in writing or via electronic means. These key points will be available as a poster or brochure in a practitioners testing toolkit that will be made available to you soon.

1. HIV is the virus that causes AIDS. It can be spread through unprotected sex; sharing needles; by HIV-infected infants from mother to child.
2. The clinical and prevention benefits of HIV testing
3. The right to refuse (opt out)
4. That HIV, like other communicable infections (e.g., food-borne illness, TB, Chlamydia) is reportable to Public Health
5. That follow-up services that will be offered,
6. Contact information and
7. Disclosure obligations

HIV 101

HIV related CME events will be offered from either the regional or provincial programs.



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PROVINCIAL POLICY RECOMMENDS ROUTINE HIV TESTING IN HEALTH CARE SETTINGS

HIV STRATEGY

BACKGROUND

In September of 2006, CDC issued recommendations for Human immunodeficiency virus testing (HIV) in health care settings.

The revised *Recommendations for HIV Testing in Adults, Adolescents and Pregnant Women in Health-Care Settings* (Morbidity and Mortality Weekly Report, 2006) encourages HIV testing as a routine part of medical care. Similar recommendations were made by the Saskatchewan HIV Control Provincial Leadership Team (PLT) who recently issued a policy statement effective January 1, 2013. For patients in all health care settings, the new recommendations make four key differences from previously risk based recommendations.

The most current version of the policy will be posted on the PLT web site at <http://www.skshiv.ca/>

1. **HIV Screening** is now recommended for all patients - ages 13 to 64 in all health care settings after the patient is notified that testing will be performed, unless the patient declines (opt-out screening).
2. **HIV re-testing** of people at high risk for HIV infection is recommended at least once a year.
3. **Consent for screening** should be considered part of the general consent for medical care, as it is for other non-invasive diagnostic and screening tests. Separate written informed consent is not recommended. Oral notification must be provided whenever an HIV test is performed and documented in the individual's medical record, and individuals should be provided an opportunity to decline HIV testing (opt-out).
4. The policy requires providing or **arranging for a medical appointment for those diagnosed as HIV-infected by the testing practitioner.**

Influenza in Saskatchewan

Many regions across Canada continue to report widespread and localized influenza activity. In Saskatchewan, influenza-like illness (ILI) is waning since activity peaked in early January. The rate of hospitalization in SHR is 30%, approximately the same as in previous years. Although the number and severity of reported cases is not unusually high, what is unusual is the early start to this year's flu season in late November.

Because influenza activity often peaks in 6-8 week cycles, the season is not over yet. Immunization remains the best protection against the virus.

Recent estimates from Canada and the U.S. peg the current season's vaccine efficacy at about 50%, which means vaccination appears to reduce the risk of medically attended laboratory-confirmed influenza by half. While not perfect, vaccination does offer substantial protection to individuals and to people around them.

Physicians and NP's who prescribe antivirals both in LTC and community settings should consider vaccine efficacy when determining the need to prescribe antivirals for ILI if clinically appropriate or as part of an outbreak even if the patient was vaccinated.

Evening and Saturday Immunization Clinics

PPH now offers evening immunization clinics every Thursday and one Saturday clinic per month.

Call 655-4620 for details or look on our website: http://www.saskatoonhealthregion.ca/your_health/

[ps_public_health_immune_clinics_locations.htm](http://www.saskatoonhealthregion.ca/your_health/ps_public_health_immune_clinics_locations.htm)



Saskatchewan's STI strategy

Sexually Transmitted Diseases (STDs) can be caused by bacteria or viruses and can be transmitted by sexual activity with an infected person.

With the exception of viral infections, i.e. Genital Herpes, Genital Warts, Hepatitis, and HIV infection (AIDS), most STDs can be cured. The key to treatment is the word PROMPT, since many STDs, if not immediately treated, can go on to cause serious medical problems. These STIs, which often go undiagnosed, can increase the transmissibility of HIV and also lead to infertility, cancer, adverse pregnancy outcomes, and irreversible neurological damage.



SHR STI STATs AT A GLANCE

| Reported case No. 2012 | Total | F | M |
|------------------------|-------|-----|-----|
| Chlamydia | 1,389 | 881 | 513 |
| Gonorrhoea | 149 | 69 | 80 |
| Syphilis (all stages) | 7 | 5 | 2 |
| HIV/AIDS | 68 | 24 | 44 |

What You Can Do

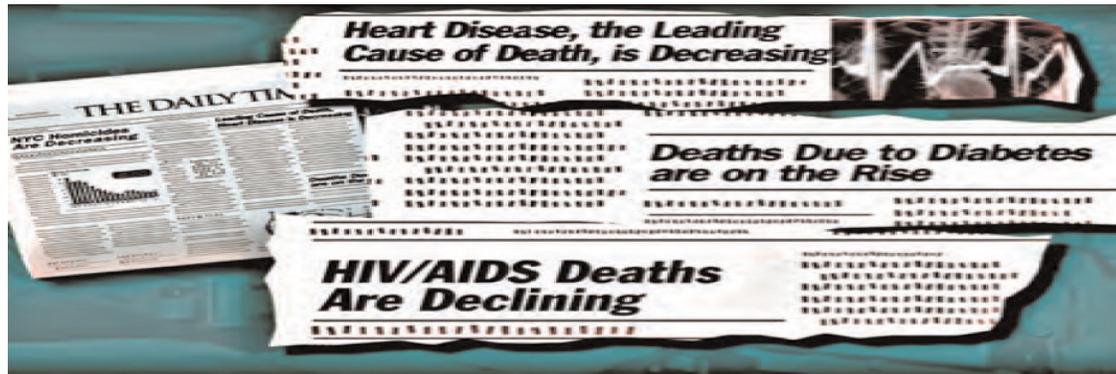
- Conduct a sexual health assessment with all your patients
- Offer HIV testing as a routine part of medical care to all patients aged 13 to 64 years.
- Screen sexually active women up to 25 years of age for chlamydia infection annually.
- Administer vaccines against sexually transmitted infections, including hepatitis A and hepatitis B.
- Counsel all patients who are unable to stop injection drug use on safer injection practices (eg, using sterile needles).

Please be advised

SHR Population and Public Health Services is preparing an HIV Testing Toolkit:

This Toolkit is intended to carry Resources to Support Routine HIV Testing for Adults and Teens. The new Saskatchewan HIV Testing Policy is intended to promote opt out HIV testing in all clinical encounters if one has not had an HIV test to increase the number of individuals in the community who **know their HIV status**.

The Policy can be found at [http://www.skshiv.ca/SK%20HIV%20Testing%20Policy%20Final%20Dec%202012%20\(2\).pdf](http://www.skshiv.ca/SK%20HIV%20Testing%20Policy%20Final%20Dec%202012%20(2).pdf)



Improving Cause of Death Reporting

- Physicians are responsible for correct completion of death certificates, which provide important mortality data for disease tracking and public health research.
- Cause of death is documented by accurately listing the sequence of events leading to the death.

Death certificates are both important legal documents and essential public health tools. Health Department and other government agencies, as well as hospitals, researchers, and community-based organizations, use statistics based on official causes of death recorded on death certificates. These data describe the health of a community, identify priority public health needs, allocate resources, and evaluate interventions. Incomplete or non-specific reporting can lead to under or over counting of certain causes

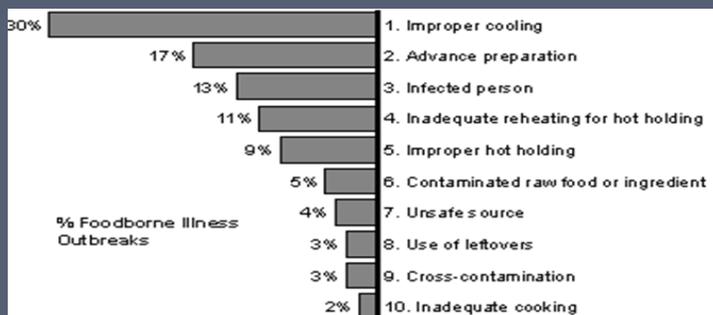
of death, which can incorrectly affect interventions, policy, and funding. For example, reporting cardiopulmonary arrest as the cause of death without recording its etiology (e.g., renal disease or metastatic breast cancer) may underestimate mortality due to the true underlying illness while overstating the impact of heart disease. Death certificates provide prompt, accurate information to health departments and, help to identify outbreaks and emergencies, such as pandemic flu or deaths due to excessive natural heat (heat wave deaths), or excessive cold exposure.

Because swift and accurate documentation of cause of death (and other significant conditions and events related to that cause) is crucial to public health reporting and surveillance, **it is important that physicians have a thorough understanding of how to complete the cause of death section correctly.**

In monitoring the impact of the public health strategy to control the spread of HIV and reduce poor patient outcomes, we have noticed some challenges with properly coding HIV related deaths. Call PPH for assistance.

Top Ten Improper Food Handling Practices that Cause Foodborne Illness

The Top Ten chart illustrates the improper food handling practices that cause over 95% of all foodborne illness outbreaks in food service establishments.



Wilcott, Lynn (2001) BC Restaurant News, Vancouver, BC

Reminder to Report all Communicable Disease

Provider Reporting of Communicable Disease and Outbreaks

All physicians are reminded of their obligation under the Public Health Act of Saskatchewan (PHAct 1998) to report all category I and II Communicable disease they may encounter in their practice.

Immediate reporting of any suspected or confirmed Communicable disease is the backbone of a robust disease control and prevention system.

Any suspected or confirmed illness caused by a disease of urgent public health concern (e.g., avian influenza or SARS), or disease caused by a potential biological threat agent (e.g., anthrax, smallpox,

Tularemia, and plague), or vaccine preventable illness (e.g., measles and mumps) reach the threshold for an **immediate urgent phone call to the Medical Health Officer (MHO).**

Business hours

Mon to Fri 8:00 am

to 4:30 pm Call

CDC department

at SHR PPH #

655-4612

After hours MHO

on-call # 655-4620



Community Outbreaks

This winter has been a busy season for respiratory and gastrointestinal outbreaks in LTC, schools and other community settings. While most respiratory outbreaks are due to influenza A, other respiratory viruses are circulating widely (e.g., RSV). Most GI outbreaks are norovirus-like. GII.4 noroviruses remain the predominant cause of norovirus outbreaks. Compared with other norovirus genotypes, GII.4 noroviruses have been associated with increased rates of hospitalizations and deaths during outbreaks. Any question regarding community outbreaks should be referred to the Communicable Disease Control department at PPH Telephone **655-4612**.

What is new at Population and Public Health

• ROTAVIRUS VACCINE FOR CHILDREN

Rotavirus is a common cause of gastroenteritis in young children. The provincial immunization program started last fall, using 2 doses of the oral vaccine, Rotarix, which are given at 2 months and 4 months of age. Unlike with other vaccines, the first dose has to be given by 14 weeks 6 days, otherwise the series cannot be started, and no doses can be given after 8 months 0 days of age. It is very safe, but because it is a live vaccine and there isn't much published experience on safety in immunocompromised children, infectious disease specialists are involved in the decision prior to immunization of babies born to HIV+ mothers. More detailed information is available at: <http://www.health.gov.sk.ca/rotavirus-vaccine>

• REDUCING INFANT MORTALITY IN SASKATOON HEALTH REGION REPORT

This report calls for a system-wide effort to better coordinate the mother-infant continuum of care. This improved coordination will provide guidance to all maternal and infant health services that impact birth outcomes, including collaboration with the new Children's Hospital of Saskatchewan. We also anticipate that additional benefits for the community will result by effectively addressing root cause of infant and newborn mortality and morbidity such as improving the social circumstances and the lives of newborns, women and families in Saskatoon Health Region. The report can be found at: http://www.saskatoonhealthregion.ca/your_health/documents/SHR-InfantMortalityReport-FINAL-web2.pdf

• HEALTHY FAMILIES + HEALTHY COMMUNITIES = HEALTHY CHILDREN (REPORT)

The Public Health Observatory partnered with the Saskatchewan Population Health Evaluation and Research Unit to release this report. It provides current data about the health status of children 0-6 years of age in the Saskatoon area and key recommendations to improve their health. Among other indicators, it analyzed school readiness using the early Development Index (EDI) and found large variation in Saskatoon neighborhoods, showing higher rates of developmental delay across all domains in poorer neighborhoods. The report calls for more investment in early childhood programs and services including family supports. http://www.saskatoonhealthregion.ca/your_health/PHO/SHR_Healthy_Families_2012.pdf



Dr. Julie Kryzanowski

New Deputy Medical Health Officer

The Chief Medical Health Officer and the MHO team would like to ask you to join us in welcoming Dr. Julie Kryzanowski to the family of physicians in the Saskatoon Health Region. The portfolios she will be covering are the Health Promotion Department, Communicable Disease Control, Healthy Families Department, and International Travel Clinic. Some of you may have already interacted with Dr. Kryzanowski in her work with the Housing First Coalition.

Welcome Julie!

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Dr. Cory Neudorf CMHO
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Dr. Julie Kryzanowski DMHO

CDC Tel # 655-4683
Sexual Health Tel # 655-4643
Safe Communities Tel # 655-4468

| MHO PORTFOLIOS | |
|------------------------------|--|
| Dr. Cory Neudorf | Chief Medical Health Officer Public Health Observatory Assistant Professor—Community Health & Epidemiology, University of Saskatchewan |
| Dr. Ross Findlater | Safe Communities Department Immunization Community Medicine Residency Program Director—University of Saskatchewan |
| Dr. Johnmark Opondo | Positive Living Program Sexual Health / Street Health Programs Provincial TB Program Provincial HIV Strategy |
| Dr. Julie Kryzanowski | Communicable Disease Control International Travel Clinic Healthy Families Department Health Promotion Department |